

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	101
2		1					52	102
3		1					53	103
4		1					54	104
5		1					55	105
6		1					56	106
7		1					57	107
8		1					58	108
9		1					59	109
10		1	9				60	110
11		1					61	111
12		1					62	112
13		1					63	113
14		1					64	114
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1	10				70	
21		1					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26	1						76	
27		1					77	
28		1					78	
29		1					79	
30		1	9				80	
31		2					81	
32		2					82	
33		2					83	
34		2					84	
35		1					85	
36	1						86	
37		1					87	
38		1					88	
39		1					89	
40	1		12				90	
41		1					91	
42		1					92	
43		1					93	
44		1					94	
45		1					95	
46		1					96	
47		1					97	
48		1					98	
49		1					99	
50		1					100	
TOTAL IND.							TOTAL IND.	14
TOTAL DEP.							TOTAL DEP.	103
TOTAL CLAIMS							TOTAL CLAIMS	117